



A completed Employment Application is required for consideration for any open position. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to their application and/or interview process should notify the Human Resources Department.

CITY OF ALBEMARLE IS AN EQUAL OPPORTUNITY EMPLOYER

		Today's Date _____ MONTH DAY YEAR		<b>POSITION APPLIED FOR</b>			
PERSONAL	FIRST NAME		MIDDLE NAME		LAST NAME		PREFERRED NAME
	ADDRESS		CITY, STATE, ZIP				PHONE NO.
	U.S. CITIZEN? YES NO		ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES: YES NO <small>If you are offered and accept a position, you will be required to provide proof of authority to work in the US and to complete Form I-9 Employment Eligibility Verification. Employment will be contingent on providing such proof.*</small>				
	EMAIL ADDRESS (PLEASE PRINT CLEARLY)						
	PERSONAL INTERESTS: HOBBIES, SPORTS, CIVIC ACTIVITIES, CLUBS, ETC.						
EDUCATION	HIGH SCHOOL - NAME/LOCATION OF HIGH SCHOOL ATTENDED		HIGHEST GRADE COMPLETED		DID YOU GRADUATE? YES NO		DO YOU HAVE A HS DIPLOMA OR EQUIVALENT? YES NO
	COLLEGE OR UNIVERSITY	ADDRESS	DATES ATTENDED	DEGREE RECEIVED	DATE	SUBJECT OF SPECIALIZATION	
	FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE						
EMPLOYMENT HISTORY	<b>LIST PAST EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. INCLUDE SELF-EMPLOYMENT &amp; SUMMER EMPLOYMENT.</b>						
					RESUME ATTACHED? YES NO		
	EMPLOYER'S CONTACT INFORMATION		DATE MONTH/YEAR	JOB TITLE/TYPE WORK		REASON FOR LEAVING	
	PRESENT OR LAST EMPLOYER		FROM:				
	ADDRESS		TO:				
	PHONE						
	PRESENT OR LAST EMPLOYER		FROM:				
	ADDRESS		TO:				
	PHONE						
	PRESENT OR LAST EMPLOYER		FROM:				
	ADDRESS		TO:				
	PHONE						



INTEREST	DESCRIBE ANY GEOGRAPHICAL/TRAVEL RESTRICTIONS		WHAT PERCENTAGE OF TIME ARE YOU WILLING TO TRAVEL?	
	APPROXIMATE EARNING EXPECTED: \$	Per HOUR	Per YEAR	BONUS/OTHER:
	<b>SCHEDULE</b> CAN YOU WORK ANY DAY OF THE WEEK?	YES	NO	<b>SHIFTS</b> CAN YOU WORK ANY SHIFT?
	IF NO, WHEN CAN'T YOU WORK?			PREFERRED SHIFT (S) AM PM SATURDAY ARE YOU WILLING TO BE ON CALL? YES NO
SKILLS	LIST ANY SPECIAL SKILLS OR CERTIFICATIONS			
	LIST MACHINES / EQUIPMENT / SOFTWARE ON WHICH YOU HAVE EXPERIENCE, INCLUDE NUMBER OF YEARS			
	LIST PROFESSIONAL MEMBERSHIPS, OFFICES HELD, OR SPECIAL AWARDS RECEIVED			
EMPLOYMENT	ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR CURRENT EMPLOYER?		IF HIRED, ARE YOU WILLING TO ACCEPT A TRANSFER OR RELOCATE?
	YES NO	YES NO		YES NO
	WERE YOU REFERRED?	PLEASE INDICATE WHO REFERRED YOU OR HOW YOU HEARD ABOUT THE JOB		
	YES NO			
	LIST ANY RELATIVES EMPLOYED BY THE CITY OF ALBEMARLE	POSITION HELD/JOB TITLE		RELATIONSHIP TO YOU
GENERAL	HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF ALBEMARLE?	DATE STARTED - DATE SEPARATED		REASON FOR LEAVING
	YES NO			
	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR DRUG OFFENSE? YES NO			
	IF YES, EXPLAIN			
	HAVE YOU EVER BEEN CONVICTED OF ANY OTHER FELONY OR MISDEMEANOR? YES NO			
	IF YES, EXPLAIN			
	ARE YOU PRESENTLY UNDER ANY PROBATIONARY SENTENCE? YES NO			
IF YES, EXPLAIN				
Answering "yes" to any of these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.				
HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE PAST 12 MONTHS? YES NO				
IF YES, EXPLAIN				
DO YOU HAVE TRADE SECRETS AND/OR NON-COMPETITIVE OBLIGATION WITH THE PRESENT OR PREVIOUS EMPLOYER? YES NO				
IF YES, PLEASE SPECIFY				

**APPLICANT STATEMENT** Please read carefully before signing.

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. I understand that the City of Albemarle does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicants from consideration for employment on any basis prohibited by local, state or federal law.

I understand that any information provided that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in discharge from service whenever it is discovered.

SIGNATURE		DATE	
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# CITY OF ALBEMARLE

## EEO-1 Voluntary Self Identification Form

The City of Albemarle is an Equal Opportunity Employer. **Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application.** Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

<b>POSITION APPLIED FOR:</b>	
<b>FULL NAME (First, Middle, Last)</b>	
<b>GENDER</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>RACE/ETHNICITY</b>	
(Please check one of the descriptions below corresponding to the ethnic group with which you identify)	
<input type="checkbox"/> <b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.	
<input type="checkbox"/> <b>White</b> (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.	
<input type="checkbox"/> <b>Black or African American</b> (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.	
<input type="checkbox"/> <b>Asian</b> (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	
<input type="checkbox"/> <b>Native American or Alaska Native</b> (not Hispanic or Latino): A person having origins in any of the original peoples of North or South America (including Central America) and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> <b>Two or more races</b> (not Hispanic or Latino): All persons who identify with more than one of the above five races.	
<input type="checkbox"/> <b>I do not wish to disclose.</b>	
<b>HOW DID YOU LEARN OF THIS OPENING:</b>	
<input type="checkbox"/> Stanly News & Press <input type="checkbox"/> NCWorks <input type="checkbox"/> Indeed <input type="checkbox"/> Employment Interest Card	<input type="checkbox"/> Came to Municipal Building <input type="checkbox"/> GovenmentJobs.com <input type="checkbox"/> NCLM Website <input type="checkbox"/> Other (specify): _____
<b>CERTIFICATION (THIS FORM MUST BE SIGNED)</b>	
I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.	
<b>SIGNATURE</b>	<b>DATE</b>